

AE

7/18/02

NOV 26 2007

NOV 26 2007

NE

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTDR. RABBI K. A. ISRAEL,
CONSULAR ATTORNEY, BRO., GUARDIAN
FOR MS. BEATRICE D. GARTH,

Plaintiff

IN FORMA PAUPERIS APPLICATION
AND

FINANCIAL AFFIDAVIT

VERSUS

THOMAS MARTIN LAKE, ATTORNEY AT LAW,
& THE INSURERS OF THOMAS M. LAKE, CA

Defendant(s)

07CV 6609

JUDGE LEFKOW

MAGISTRATE JUDGE MASON

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, DR. RABBI K. A. ISRAEL, declare that I am the ☒ plaintiff ☒ petitioner ☒ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: _____
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: NOT APPLICABLE
Name and address of employer: _____
- a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____
- b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: PLAINTIFF IS SINGLE AND HAS NOT BEEN
Name and address of employer: _____ MARRIED!!
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
- a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

1-3 ATTACHMENTS:
A(i) - A(xi).

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☒ social security, ☐ annuities, ☐ life insurance, ☒ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance ☒ child support
Amount \$1,024.00 Received by DR. RABBI K. A. ISRAEL
ASSISTANCE FOR AGED AND THE BLIND: \$53.00 PER MONTH
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☒ Any other sources (state source: FOOD STAMPS) ☒ Yes ☐ No
Amount \$158.00 Received by DR. RABBI K. A. ISRAEL
ASSISTANCE FOR AGED AND THE BLIND: \$53.00 PER MONTH
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☒ Yes ☐ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
MS. BEATRICE DEMETRICE GARTH: SISTER: \$53.00 PER MONTH.

AS A RESULT OF AN EMPLOYMENT DISCR.
LAWSUIT FILED BY PLAINTIFF AGAINST
"WALT DISNEY ENTERTAINMENT," 06-CV-2557
PLAINTIFF RECVD. \$2,000.00 SETTLEMENT.

2.

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: -NOVEMBER 26, 2007

DR. RABBI K. A. ISRAEL DR. R. K. R.
Signature of Applicant

A.K.A. DR. RABBI K. A. ISRAEL, CONSULAR ATTY.,
DR. RABBI K. GARTH RICHARDSON, CONSULAR ATTY.
(Print Name)

State of Illinois
Department of Human Services

2(Permanent)



Application for Food Stamps

How much money do any FS unit members have in: Cash \$ 00000 Checking \$ 00000

Savings/Credit Union \$ 00000 Stocks, Bonds Other \$ 00000

Do any FS unit members have any real estate (other than the home you live in?)..... ☐ Yes ☒ No

If yes, describe the property: NOT APPLICABLE.

Did any member buy, sell, or give away anything of substantial value during the last three month? ☐ Yes ☒ No

If yes, please explain: NOT APPLICABLE.

Income from Work

Has anyone stopped working in the last three months? ☐ Yes ☒ No

Is anyone in your FS unit on strike?..... ☐ Yes ☒ No

Has a member quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days? ☐ Yes ☒ No

If yes, who? NOT APPLICABLE. Why? N/A

Is anyone self-employed? ☐ Yes ☒ No

Fill in all blanks for each member with a job. If a member has more than one job, list each job separately. Include self-employment.

Household Member	Employer/Source	Address	Gross Pay	Hours/Wk	How Often Pd
1. <u>NOT APPLICABLE.</u>			\$		
2. <u>N/A</u>			\$		
3. <u>n/A</u>					
4. <u>N/A</u>					

(Attach another sheet of paper, if necessary)

Other Income

OCT 26 2007

Does anyone receive income from any of the following sources? If so, check each one that applies and give complete information below:

- ☐ TANF (Temporary Aid to Needy Families) ☐ GA (General Assistance) ☐ Roomers and/or boarders
☒ Supplemental Security Income (SSI) ☒ Social Security ☐ Unemployment Benefits
☐ DCFS (for care of children) ☐ Employment ☐ Aid from another State
☐ Scholarships, student loans, grants ☐ Child Support ☐ Money from friends/relatives (gifts/loans)
☐ Pensions or Retirement Income ☐ SSP (State Supplemental Payment to the Aged, Blind or Disabled)
☐ Any other source of income (explain below)

Source of Income	Gross Amount	When Received	How Often	Person with Income
EXEMPT S.S.I.	\$ 624.00	SEE "PASS CADRE"	MONTHLY	APPLICANT.
EXEMPT DIS. BEN	\$ 365.00	SEE S.S.A. ATTACH.	MONTHLY	APPLICANT
EXEMPT A.A.B.D.	\$ 53.76	09/06/2007	MONTHLY	APPLICANT
NOT APPLICABLE	\$			

(Explain): THE SOC SEC. ADM. PROVIDES EXEMPT FUNDS FOR PART OF EDUCATION COSTS.

Does anyone pay a member of the FS unit for meals, a room, or both?..... ☐ Yes ☒ No

If yes, complete the following:

Name of roomer/boarder: NOT APPLICABLE. Amount: \$ N/A How often? N/A

ATTACHMENT: A(i) - A(xi).

PLEASE NOTICE:



Social Security Administration
Supplemental Security Income

Important Information

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

PASS CADRE
1233 West Adams
Chicago, IL 60607

Phone: 866-575-4889

Fax: 312-575-6501
Office Hours: 9:00 AM - 4:00 PM

October 3, 2007
Claim Number: 0886 DI

Mr. Keith G. Richardson
Po Box 803241
Chicago, IL 60680-3241

Dear Mr. Richardson,

We reviewed your activities under your Plan for Achieving Self-Support (PASS) we have extended it. Our approval is good through **December 2007** when we will again review the plan.

Your Plan

Your work goal is: Mathematics/Engineering Teacher

We approved the following items and services:

- UIC HOUSING

\$ 1825.00

TOTAL \$ 1825.00**

PLEASE NOTICE:

**** 1. Special Note-** Mr. Keith Richardson you will need to find additional funding sources to cover all your approved cost for the 2007- 2008 the Pass Plan can only meet \$ 1,825.00 of the total cost for 2007- 2008 . You need to investigate into grants, scholarships, fellowships, federally funded work study programs, subsidies Federal Loans or a job to help cover remaining cost for 2007-2008 tuition/housing/books at UIC.

ATT. (ii)

PLEASE NOTICE:
EXEMPT INCOME
PLAN TO ACHIEVE SELF-SUPPORT:

PLEASE NOTICE:

2. Mr. Keith Richardson you must show improvement with your academic studies by raising your GPA to or above 2.0 and get off of academic probation and declare a major of study. Future approval of your Pass is not possible if you are not showing progress academically towards your occupational goal of becoming a Mathematics/Engineering Teacher.

FORE EDUCATION USE: EXEMPT INCOME

We will exclude your income as follows:

01/2007 – 12/2007

\$ 365.00(each month)

We will review your plan in 12/2007. We will ask for the following information:

- **Proof of your payment towards Tuition/Book cost and school fee's for Spring 2007**
- **Proof of your current GPA and financial Aid Pell Grant at UIC** — Please Submit Now
- **Proof of student grade report(submit your unofficial transcript from UIC)**
- **Proof of Fall 2007 & Spring 2008 student class schedule**

We may change the amounts of income and resources used to follow your PASS when we review your plan. Resources are things you own that can be turned into cash.

Information About Food Stamps And Housing Assistance

In many cases, income and resources used for a PASS will not be counted for food stamps and housing assistance provided through the U. S. Department of Housing and Urban Development. If you receive or plan to file for food stamps or housing assistance, you will need to contact the particular agency to find out how those benefits will be affected. Take this letter with you when you go.

RECEIVED

Your Responsibilities

OCT 26 2007

You must:

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

- Report any changes in your situation that may affect your plan.
- Keep records of the income and resources you spend on your plan or set aside for later use. (We will want to see these records when we review your plan. To help save these records, we are enclosing a PASS Expenditure/Savings Record and an SSI Recordkeeper Folder.).
- Show what resources you have not yet spent for your plan.

ATT. (iii)

We may suspend or terminate your plan at any time if you:

RECEIVED

OCT 26 2007

- Do not follow your plan, as approved,
- Quit your plan,
- Are no longer eligible for SSI, or
- Reach your work goal. You reach your work goal when:
 - You are working in your chosen career path; and
 - You are earning enough to pay for your living expenses, any out-of-pocket Medical expenses, work related expenses and any unpaid items or services Approved in your PASS.

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

If You Disagree With The Decision

You have the right to appeal if you disagree with the decision. We will review your case and consider any new facts you have. Then a person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it, unless you prove you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal you must fill out a form called, "Request for Reconsideration." The form number is SSA-561. To get this form, contact your local Social Security Office. They can assist you with completion of this form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers

ATT. A(IV.)

who do not charge unless you win your appeal. We have a list of groups that can help you with your appeal.

You should let us know if you get someone to help you. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

Please call, write or visit our office if you have any questions. We can answer most questions over the telephone. Our telephone number is 312-575-6505 or 866-575-4889(toll free). If you call or visit our office, please have this letter with you and ask for Mr. Gillespie.



Mr. K. Gillespie
PASS Specialist

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

ATT.: A(V).

Direct Loans

William D. Ford Federal Direct Loan Program

DISCLOSURE OF PAYMENT AMOUNT RECEIVED

OCT 26 2007
ACCOUNT NUMBER

347-58-0886-3

01/31/2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTKEITH G RICHARDSON
1250 SO. HALSTED ST., #382A
CHICAGO, IL 60607

ACCOUNT STATEMENT

REASON FOR STATEMENT

Under the Income Contingent Repayment (ICR) plan, we calculate your monthly payment amount when we receive updated annual income information. Your monthly payment amount for the Direct Loan(s) you are repaying under the ICR plan has been calculated and is shown below under "Monthly Payment." If you cannot pay your monthly amount, call us at 1-800-848-0979. THIS IS NOT A BILL. Your next due date is 03/21/2007. Please call us if either income or family size information is incorrect, or if you have questions.

Annual	Family Size	Joint or Single Repayment	Income Date Source	Monthly Payment
	1	Single	IRS	\$0.00

ICR Plan	Income Effective Date	ESTIMATED MONTHLY PAYMENT IF ON OTHER PLAN:		
		Standard	Extended	Graduated
ICR 3	12/31/2003	\$954.74	\$567.18	\$507.27

REPAYMENT PLAN CHANGES

We have included estimated monthly payment amounts for the same loan(s) under other repayment plans. Please remember, the smaller the monthly payment, the higher the cost of the loan over time. Actual amounts could vary from the estimates due to changes in income, interest accrual, and capitalization. To change plans, read the enclosed Repayment Plan Choices Information Sheet, and then complete the enclosed Repayment Plan Selection form and return it to the address on the reverse side of this Disclosure. To change between ICR plans, call us at 1-800-848-0979.

NEGATIVE AMORTIZATION

We will notify you if your payment does not cover interest accumulating monthly on your loan. You may pay the interest in excess of your payment, or we will add it annually to your principal. This increase in principal will increase the total cost of your loan.

THIS DISCLOSURE DOES NOT INCLUDE ANY DIRECT PLUS LOANS YOU MAY HAVE. FOR YOUR DIRECT CONSOLIDATION LOANS, THIS DISCLOSURE IS BASED ONLY ON TOTAL DEBT CONSOLIDATED BY THIS DATE. YOUR PAYMENT AMOUNT WILL BE RECALCULATED IF YOUR DEBT IS FULLY CONSOLIDATED AT A LATER DATE.

PLEASE NOTE:

Your interest rate information is shown on the back of this Notice.

EDUCATION DEBT

NET DISBURSEMENT AMOUNT

OUR RECORDS INDICATE

\$78,546.36

LOAN TYPE

CONSOL

APPROXIMATED INTEREST

\$0.00

CREDIT SECURITY

347-58-0886

TOTAL PRINCIPAL PAID

\$0.00

TELEPHONE NO.

(773)540-4836

TOTAL INTEREST PAID

\$0.00

LOAN TYPE

REPAYMENT

TOTAL LATE CHARGES PAID

\$0.00

CURRENTLY ENROLLED AT

OUTSTANDING PRINCIPAL

\$78,546.36

SCHOOL TYPE

LAST PAYMENT DEPOSITED

\$0.00

SCHOOL TYPE

TO PRINCIPAL

\$0.00

FORBEARANCE EXPIRES

TO INT \$0.00 LATE CHRG

\$0.00

EXPECTED/ACTUAL SEPARATION DATE

01/31/2007

LATE CHARGES DUE

\$0.00

DEFERMENT EXPIRES

PAST DUE AMOUNT

\$0.00

DEFERMENT EXPIRES

CURRENT DUE AMOUNT

\$0.00

FIRST NEXT PAYMENT

03/21/2007

TOTAL AMOUNT DUE

\$0.00

ACCRUED INT. THROUGH 01/31

\$216.66

*A late charge may be assessed for payments received after the due date. These charges are calculated to be five percent of your regular monthly payment amount. Late Charges Due represents the total unpaid late charges for your Direct Loan(s).

UNIVERSITY OF ILLINOIS

CHICAGO • SPRINGFIELD • URBANA-CHAMPAIGN

Due Date

April 23, 2007

UIC

University Student Financial Services
& Cashier Operations
Room 1900 Student Services Building
1200 W Harrison Street
Chicago, IL 60607-7162
Phone: (312)996-8574

UIS

University Student Financial Services
& Cashier Operations
Public Affairs Center, Room 165
One University Plaza, MS PAC 184
Springfield, IL 62703-5407
Phone: (217)206-6727

UIUC

University Student Financial Services
& Cashier Operations
162 Henry Administration Building
506 S. Wright Street
Urbana, IL 61801-3636
Phone: (217)333-2180

Pag

Account #:	673030087	Name:	Keith G. Richardson	Billing Date:	April 3, 2007
------------	-----------	-------	---------------------	---------------	---------------

ACCOUNT DETAIL

Term	Date	Description	Charges and Adjustments	Payments and Credits
* PREVIOUS BILLED BALANCE *			15,911.06	
- CURRENT CHARGES -				
INVOICE NUMBER - S2234515				
220071	30-Mar-2007	TBH Housing Contract	861.52	
	30-Mar-2007	TBH Cancellation Fee	100.00	
	30-Mar-2007	TBH Housing Contract	-3,446.00	
888888	03-Apr-2007	Late Payment Charge	171.98	
- CURRENT PAYMENTS -				
220071	13-Mar-2007	SAR Payments/Chicago		1,000
* CURRENT BILLED BALANCE *			12,598.56	

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

ATT: A(vii)

PLEASE NOTE:
EDUCATION DEBT:

Current Amount Due

\$12,598.56

This includes a Past Due Balance of
1,465.06)

Future Amount Due

\$0.00

PLEASE RETURN BOTTOM PORTION OF THIS STATEMENT WITH PAYMENT

UNIVERSITY OF ILLINOIS
CHICAGO • SPRINGFIELD • URBANA-CHAMPAIGN

Please make your check payable to the
University of Illinois and include your
University Identification Number (UIN) on
your check.

Account #	: 673030087
Payment Due Date	: April 23, 2007
Current Amount Due	: \$12,598.56
Future Amount Due	: \$0.00

To pay your account in full, please pay Current Amount
and any Future Amount Due.

Keith G. Richardson
PO Box 803241
Chicago, IL 60680-3241

University of Illinois
Student A/R
PO Box 19455
Springfield, IL 62794-9455

673030087500040307A00012598560001259856000

Bill Date	Account Number	Payment Due Date	Amount Due
10/03/2007	4 5000 4700 6031	No Amount Due	\$.00

Name **Keith G Richardson**
Service Address **1839 S Racine Ave
Chicago IL 60608-3213**
Service Classification **Rate 1 - Small Residential Service - Heating**

Activity Since Last Bill

Previous Balance \$71.02
Thank You For Your Payment - \$50.00
Cancel Prior Billing (02-15-2007 to 02-15-2007) - \$313.53
Credit - \$292.51

Delivery Charge

Customer Charge \$72.13
\$72.13

Taxes

Chicago Municipal Tax \$72.13 x 8.24 % = \$5.94
State Tax \$72.13 x 0.10 % = \$0.07
\$6.01

Total Current Charges

\$78.14

TOTAL BALANCE

- \$214.37

Messages

Please help families in your community stay warm this winter by donating to Share the Warmth. Either add a dollar to your bill this month or use the enclosed form.

To pay your gas bill by credit card, call 1-866-295-0086. A convenience fee will apply.

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

79 PG860L

PEOPLES GAS.

ACCOUNT NUMBER: 4 5000 4700 6031

ATT.: A(viii)

CAR-RT SORT **C035

1839 S RACINE AVE
CHICAGO IL 60608-3213

PEOPLES GAS
CHICAGO IL 60687-0001

NO PAYMENT DUE

Yes, I would like to pledge one dollar per month to the Share the Warmth fund which helps low-income customers pay energy bills.
I have added one dollar to my payment. Check this box -> ☐

Please do not write or stamp below this line.

404500047006031000040000000000000000

Page 1 of 1

Name **ISRAEL K RICHARDSON**
Service Location **1839 S RACINE AVE UNIT 2RB CHICAGO**
Phone Number **773-540-4836**
Account Number **4539802076**

Issue Date **August 30, 2007**

Meter Information Read Meter Load

Date Number Type

08/30 141163856 General Service Tot kwh

18th & Blue Island Curr. Exch., Inc.
Reading **1825 S. BLUE ISLAND**
PHONE: **(312) 688-9870**

Previous	Present	Diff	Mult x	Usage
1559 EST	2503 ACT	944	1	94

Current Period Residential - Blended Multiple
Customer Charge Service from 07/31/2007 to 08/30/2007 - 30 Day \$5.43
Standard Metering Charge 2.21
Distribution Facilities Charge 944 kwh X 0.01965 18.55
Transmission Services Charge 944 kwh X 0.00415 3.92
Supply Administration Charge 0.03
Energy Supply Charge 944 kwh X 0.07320 69.10
Purchased Electricity Adjustment 4.72
Environmental Cost Recovery Adj 944 kwh X 0.00010 0.09
Instrument Funding Charge Credit 944 kwh X -0.00415 -3.92
Instrument Funding Charge Debit 944 kwh X 0.00415 3.92
Franchise Cost 5.00
State Tax 3.12
Municipal Tax 5.03
Total current charges \$118.10

Other Charges Charges from previous bill \$20.89
Total other charges \$20.89

Total amount due \$138.99

Your Usage Profile

13-Month Usage (Total kwh)



Month Billed	Total Demand	Avg Daily kWh	Avg Daily Temp
Current Month	0.0	31.5	76
Last Month	0.0	3.5	73
Last Year	0.0	0.0	0

Omit previous balance if paid. Unpaid previous balances are subject to late charges. If you have a past due balance on your ComEd bill, you may be at risk for disconnection. For help with paying your electric bill, see this month's Energy@Home bill insert.

When paying in person, please bring the entire bill.

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

ATT.: A(ix)

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

RECEIVED

OCT 17 2007

IDHS
COOK COUNTY
REGION 1

RENT RECEIPT

RECEIVED

OCT 17 2007

IDHS
COOK COUNTY
REGION 1

ATT.: A(X)

RECEIPT

DATE	10/11/07	No.	1660
RECEIVED FROM	JERAL RICHARDSON		
	Three Hundred Seventy Five		
	1839 S. Racine		
<input checked="" type="radio"/> FOR RENT			
<input type="radio"/> FOR			
ACCOUNT	375.00	<input type="radio"/> CASH	FROM 10/11/07 TO 10/31/07
PAYMENT	375.00	<input type="radio"/> CHECK	BY [Signature]
BAL. DUE		<input type="radio"/> MONEY ORDER	

Customer	Account Number	Bill Period	Bill Date	Page
KEITH G RICHARDSON	0621389566-2	Sep 4 - Oct 3	Oct 4, 2007	1 of 14

Your Sprint Bill**Balance Summary**

Previous Balance	\$260.10
Payment On Oct 3	-100.00
	<u>\$160.10</u>

Notes

Monthly Service Charges	\$93.15
Additional Usage Charges & Purchases	7.36
Other Charges	12.70
Taxes, Surcharges & Fees	17.28
	<u>\$130.49</u>

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**Total Due Immediately \$290.59****Amount Due after October 30 \$304.18****Total Minutes Used**

	Used
Courtesy Minutes	0.0
Anytime Minutes	813.0
Night & Weekend Minutes	104.0
Sprint Mobile to Mobile	208.0
	<u>1,125.0</u>

Questions about your bill?

You can contact us:

On the Web: www.sprintpcs.com
By phone: 1-888-211-4727

Use your Sprint Phone:

Dial *2 to contact Customer Service
Dial *3 to make a one-time payment
Dial *4 to receive account information

ATT: A(Xi)

SprintDetach and return this remittance form with your payment.
Make check or money order payable to Sprint in U.S. dollars.Do not send cash.
Questions? Call 1-888-211-4727☐ Check box for change of address (see reverse)

#BWNGMZW ****AUTO**3-DIGIT 606

#0621389566 2#

00001686 02 AT 0.459 01 D5

KEITH G RICHARDSON

PO BOX 803241

CHICAGO IL 60680-3241

|||||

Account Number: 0621389566-2

Total Due	Amount Enclosed
\$290.59	\$

**SPRINT**

P O BOX 660092

DALLAS TX 75266-0092

8 CHICHI34 06213895662 00000290599 9